PTO/SB/06 (08-03)

Approved for use through 7/31/2006, OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

of collection of information policy in the collection of information policy.

_	Under the Papen	work Reduction A	d of 1995,	no persons are re	quired to respond	U.S. Patent and to a collection of i	trademark Off Idro noticemote	ice; U.S. iss it disn	DEPARTMENT	OF COMMERCE
ı	PA	ITENT APPI				N RECORD		Applic	also de Docret i	control number
Substitute for Form PTO-875								19/501,627		
١		D – PART I				OTIE	D THAN			
(Column 1)				Catunin 2)	SMALL ENTITY		OK OK	OTHER THAN SMALL ENTITY		
FOR MUMBER PILED			D faux	BER EXTRA	RATE	ree	]	RATE	. ree	
Green in an							!:	]		1
1.13	i Crit i i idejj		Burans 25 c			x s =	1	OR	r.	<u></u>
(3	DEPENDENT CLA 7 CFR 1.16(b))	UMS	minus	3 = .		X S =		1		<del> </del>
k;	II.TIPLE DEPEND	SMI CLAMA PRES	ENT	(37 CFR 1.16(d))	4,	<del> </del>	OR	× 5 •	<del> </del>	
۱۰,	f the difference in	column 1 is less	lhan zero.	enter "0" in colum	IAIOI	<del>                                     </del>	OR	TOTAL	i	
	, (	CLAIMS AS A	MENDE	D - PART II					·one	<u> </u>
,	e-211	J		· · · · · · · · · · · · · · · · ·						
_	1 1/1	(Cotumn 1)		(Column 2)	(Column 3)	SMALL	ENTITY	ОR		R THAN ENTITY
MENDATE NT A	1 / Y4 /.	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID EOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	_	RATE	ADDI- TIONAL
É	CIN CLE I PRICE	1.50	Minus		- /	x 5 =	1,56			FEE /
Z	(37 CFR 1.1603)	6	Minus	6	= /-			OR	× 5=	<del>  /-</del>
Σ		TATION OF MIR TO	A F DEPEM	<u> </u>	1	x s=	<del>                                     </del>	OR	X \$=	-/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.444)						+5=		OR	+5=	
1.	0-5-01	_				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		CLAINS		(Column 2)	(Column 3)					/
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Σ	(37 CFR 1.16(d)	24	Minus	50	Ξ (	x s =	-,,,,,	40		FEE
Ã	Independent (37 CFR 1,16(c))	2	Minus	G	=	x s =		OR	X \$=	
₹	FIRST PRESENT	TATION OF MULTER	LE DEPEND	ENT CLAN 137 C	FR 1 160m			OR	× s=	
	<del>*</del> -					TOTAL		OR	+ c	
						ADD'L FEE		OR	ADD'L FEE	
_		(Column 1)	т.	(Column 2)	(Column 3)					
ENDMENT C		REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
S	Total (3) CFR 1.16(c)		Minus		•	x 5 =				FEE
EN I	Independent (37 CFR 1.16(b))	•	Minus	,***	•			OR	x s=	
AM	FIRST PRESENT	ATION OF MULTIP	E DEPEND	BAT CLAIM (37 CI	R 1.86(d)	X \$=		OR	x s=	· 
					+s=		OR	+ \$ =		
	If the entry in co	olumno 1 is less th	an the entr	y in cotumn 2. writ	a O' in column 2	ADD'L FEE		OR	ADD'L FEE	
of the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".										

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to fite (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Department of Commono, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.